Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

TWO-WIRE FIELD MOUNTED PROCESS Title::

DEVICE

Attorney Docket Number:: R11.12-0804

Request for Non-Publication?:: No Suggested Drawing Figure:: 5 Total Drawing Sheets:: Small Entity?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Douglas W.

Family Name:: Arntson

Name Suffix::

City of Residence:: Maple Grove

State or Province of Residence:: MN

Country of Residence:: US

19203 81st Place North Street of Mailing address::

City of Mailing address:: Maple Grove

State of Province of mailing address::

Postal or Zip Code:: 55311

Country of mailing address::

Correspondence Information

Name:: Judson K. Champlin

Street of mailing address:: Westman, Champlin & Kelly

900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis
State or Province of mailing address:: MN

Postal or Zip Code of mailing address:: 55402-3319

Phone number::

612/334-3222

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Representative Information

Representative	Registration	Representative Name:	
Designation::	Number::		
Primary	20147	Nickolas E. Westman	
Primary	347.97	Judson K. Champlin	
Primary	34847	Joseph R. Kelly	
Primary	36188	Steven M. Koehler	
Primary	34557	David D. Brush	
Primary	38354	John D. Veldhuis-Kroeze	
Primary	39758	Theodore M. Magee	
Primary	35612	Deirdre Megley Kvale	
Primary	42413	Christopher R. Christenson	
Primary	41885	Brian D. Kaul	
Primary	45466	Nathan M. Rau	
Primary	45844	Christopher L. Holt	
Primary	45956	Alan G. Rego	
Primary.	.48516	Todd R. Fronek	
Primary	49027	Linda P. Ji	
Primary	53675	Leanne R. Taveggia	

Primary	24383	Robert M. Angus		
Primary	32015	David C. Bohn		
Primary	30214	Z. Peter Sawicki		
Primary	48774	Peter J. Ims		
Primary	51655	Bryan F. Erickson		

Domestic Priority Information

nt	Filing			

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application			MM/DD/YY
·		·	
	·		Y

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No
		·	